

APPENDIX 5B
EXAMPLES OF DPG BUILDING 3445
DAILY AND WEEKLY CHECKLISTS

APPENDIX 5B
BUILDING 3445
DAILY CHECKLIST
(Perform inspections as applicable)

	Control No.: _____
Building Operator: _____	Date: _____
Test Director: _____	Agent Type: _____
Test Title: _____	Room No.: _____

1. Building Support Systems:

- | | | |
|--------------------------------------------------------|-------|-----|
| a. Drain water from two air compressors in boiler room | _____ | |
| b. House air pressure (45 psi) | _____ | psi |
| c. Control air pressure (40 psi) | _____ | psi |
| d. Boiler control air pressure (10 to 15 psi) | _____ | psi |
| e. Boiler water level (> 1/4 full) | _____ | |
| f. Auxiliary electrical power operational | _____ | |
| g. Communication systems operational | _____ | |

2. Filter System:

- | | | |
|---------------------------------------------------------|-------|--|
| a. Filter control switch operational | _____ | |
| b. Primary filter fan operational | _____ | |
| c. Auxiliary filter fan operational | _____ | |
| d. Filter fan access door secure and padlock installed | _____ | |
| e. Filter fan failure alarm switch on | _____ | |
| f. Filter fan failure alarm operational | _____ | |
| g. Heat recovery system operational | _____ | |
| h. Filter differential pressures, primary filter fan: | | |
| 1st/2nd carbon (1.5 to 2.5 inches WG) | _____ | |
| Particulate (0.5 to 1.5 inches WG) | _____ | |
| Pre-filter (0.1 to 0.5 inches WG) | _____ | |
| i. Filter differential pressures, auxiliary filter fan: | | |
| 1st/2nd carbon (1.0 to 1.7 inches WG) | _____ | |
| Particulate (0.4 to 1.1 inches WG) | _____ | |
| Pre-filter (0.5 to 0.1 inches WG) | _____ | |

3. Airlock:

- a. Door interlocks operational _____
- b. Door indicators lights operational _____
- c. Negative pressure (> -0.05) _____
- d. Hazard signs (1X, 3X, hearing protection) properly displayed _____

4. Main Test Chamber:

- a. Interior doors operational _____
- b. Exterior doors secured _____
- c. Compressed gas cylinders properly secured _____

5. Building Fume Hood:

- a. Differential pressures readings:
 - 1st/2nd carbon (2.0 inches WG) _____
 - Particulate (0.15 inches WG) _____
 - Pre-filter (0.05 inches WG) _____
 - Total (2.1 inches WG) _____
- b. Hood alarm operational _____
- c. Sash stop in place _____
- d. Air system operational _____

6. Dissemination Fume Hood(s):

Hood No.	Airflow (FPM)	Sash Stop	Remarks

7. Containment Fixtures/Gloveboxes:

Number	Filter Oper.	Neg. Pres. (-.25 to -.40)	Alarm Set (-.20)	Remarks

8. Control Booth:

- a. Negative pressure alarm operational _____
- b. Alarm set point checked (alarm at -0.1 inches WG) _____
- c. Water manometer readings:
 - Primary filter fan (-0.1 to -0.35 inches WG) _____
 - Auxiliary filter fan (-0.1 to -0.16 inches WG) _____

9. Miscellaneous:

- a. Hazards signs available for gate/building _____
- b. M8A1 alarms:
 - Signs properly posted _____
 - Properly secured _____
 - Filters properly stored/marked _____
 - Number in use _____
- c. Mark I kits:
 - Number _____
 - Expiration date _____
- d. Hazardous waste:
 - Properly labeled _____
 - Properly stored _____
 - Documented in log _____
- e. SOPs DP-0000-S-106 and DP-0000-Q-152 available
and signed _____
- f. Applicable MSDSs available _____

[illegible]

10. Building Operator Statement:

I certify that all checks have been completed and to the best of my knowledge the building is fully operational to support the required test/operation.

Name Printed	Signature	Date

11. Test Director/Operations Supervisor's Statement:

I verify that this checklist has been completed and to the best of my knowledge the building is fully operational to support the required test/operation.

Name Printed	Signature	Date

APPENDIX 5B
BUILDING 3445
WEEKLY CHECKLIST
(Perform inspections as applicable)

Control No.: _____

Building Operator: _____

Date: _____

Test Director: _____

Agent Type: _____

Test Title: _____

Room No.: _____

1. Building Support Systems:

- | | | |
|----|-------------------|-------|
| a. | House Air Outlets | _____ |
| b. | Doors and Windows | _____ |
| c. | Intercom System | _____ |
| d. | Overhead Crane | _____ |
| e. | Heating Systems | _____ |
| f. | Cooling Systems | _____ |
| g. | Housekeeping | _____ |

Next Inspection: _____

2. Electrical Systems/Equipment:

- | | | |
|----|--------------------------------|-------|
| a. | Test Chamber Lighting | _____ |
| b. | Electrical Plugs & Outlets | _____ |
| c. | Hood Lights | _____ |
| d. | Emergency Lighting | _____ |
| e. | Utility Lighting | _____ |
| f. | Outdoor Lighting | _____ |
| g. | Exhaust Fans - Rest Room | _____ |
| h. | Electrical Equipment Grounding | _____ |
| i. | Power Tools Ground Tested | _____ |

Next Inspection: _____

3. Plumbing/Water Systems:

- | | | |
|----|------------------|-------|
| a. | Water Supply | _____ |
| b. | Drains & Sumps | _____ |
| c. | Chamber Sinks | _____ |
| d. | Emergency Shower | _____ |

4. Ventilation/Filter Systems:

- a. Filter Systems _____
- b. Fume Hoods _____
Air Velocity _____
- c. Containment Fixtures _____
- d. Filter Alarm Systems _____
- e. Fume Hood Alarm Systems _____
- f. Fume Hood Sash Stops _____

Next Inspection: _____

5. Sanitation Facilities:

- a. Showers _____
- b. Toilets _____
- c. Sinks _____
- d. Cleanliness _____

6. 3X Storage Area:

- a. All Items Properly Marked _____
- b. All Items Properly Tagged _____
- c. All Items Properly Recorded _____
- d. Area Housekeeping _____
- e. Area Secure _____

7. Miscellaneous:

- a. M8A1 Alarms Properly Secured _____
- b. M8A1 Alarms Properly Marked _____
- c. Fire Extinguishers _____
- d. Flammable Storage Cabinet _____
- e. Flammable Materials Properly Stored _____
- f. Hazardous Material Containers Properly Marked _____
- g. Hazard Signs Properly Posted _____
- h. 3X Tools Properly Marked _____
- i. 3X Tool Inventory Current _____
- j. 3X Tools Properly Logged Out _____
- k. Compressed Gas Cylinders Properly Secured _____
- l. Lightning Protection Inspection Due Date _____
- m. Log and Record Books Up to Date _____
- n. Facility Work Order Status _____
- o. Housekeeping - Building Exterior _____
- p. Ladder Inspection Due Dates _____

[illegible]

8. Building Operator Statement:

I certify that all checks have been completed and to the best of my knowledge the building is fully operational to support the required test/operation.

Name Printed	Signature	Date

9. Supervisor's Statement:

I verify that this checklist has been completed and to the best of my knowledge the building is fully operational to support the required test/operation.

Name Printed	Signature	Date